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CONFIRMATION NO. 3687

<b>SERIAL NUMBER</b> 10/523,144	<b>FILING OR 371(c) DATE</b> 11/03/2005 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1616	<b>ATTORNEY DOCKET NO.</b> 206851
<b>APPLICANTS</b> Giulio Nicita, Firenze, ITALY;				
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/EP03/08546 08/01/2003  <b>** FOREIGN APPLICATIONS *****</b> ITALY FI2002A000145 08/01/2002  <div style="text-align: center;">** SMALL ENTITY **</div>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> ITALY	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 31
		<b>INDEPENDENT CLAIMS</b> 1		
<b>ADDRESS</b> Abelman Frayne & Schwab 666 Third Ave., 10th Floor New York ,NY 10017-5612				
<b>TITLE</b> Device for the surgical treatment of female prolapse				
<b>FILING FEE RECEIVED</b> 790	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	